

Department of Labor and Industries
 Boiler Section
 PO Box 44410
 Olympia WA 98504-4410
 PHONE (360) 902-5270 FAX (360) 902-5292
<http://www.lni.wa.gov/TradesLicensing/Boilers>



APPLICATION FOR CERTIFICATE OF COMPETENCY AS AN INSPECTOR OF PRESSURE RETAINING ITEMS

Type of Examination ☐ National Board Exam ☐ A.P.I. 510 Exam ☒ State Exam

Name (Last, First, Middle Initial)

Permanent Address	City	State	Zip
Present Address	City	State	Zip
Home Phone	Work Phone	Other Phone	Birth date

Employed or about to be employed by

Company Name	Contact Person
Company Address	Contact Phone

EDUCATION

Circle Highest Grade Completed	Date Completed	Years Completed	<input type="checkbox"/> General Education Development Test (G.E.D.) If Yes, furnish proof
12 Years of College 1 2 3 4 5 6			

Name of High School (Include copy of diploma)	Degree obtained	Major or Specialization
Name of College (Include copy of diploma)	Degree obtained	Major or Specialization
Name of College (Include copy of diploma)	Degree obtained	Major or Specialization

List any Courses, Training or Apprenticeships and Provide Documentation

--

Boiler and Pressure Vessel Construction Maintenance Experience

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Boiler and Pressure Vessel Operation Experience

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone


Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone

Employed by	Job Title	Period of Employment
Specific Duties, part time or full time		Contact/Supervisor and Phone



Signature of Applicant	Date
------------------------	------